Utah Department of Health, Child Care Licensing

Out of School Time Program Renewal Application, Child Record Form

Program Name: _		Date Review Completed://	
Program Address:			
Classroom Name / Age:	Caregiver Name(s):		

Please follow the attached instructions when completing this form. Complete one form for each class/group in the Program. List all children enrolled in the class/group, including part-time children. In order for your license to be renewed, this form must be accurately completed before your Announced Inspection takes place. Your Licensing Specialist will review this completed form as part of your Announced Inspection.

1. Child's First Name	1. Child's First Name	2. Child's Last Name	3. Child's Date of Birth (mm/dd/yyyy)	4. Completed Admission Fo name; DOB; parents' name & names of authorized pick-up parents); name & phone # of available); emergency medicatreatment releases. Mark X	Health Assessment, reviewed, initialed by parent yearly.		6. Completed Transportation Permission Form, if the program transports children. Mark X for Y or N.		
1.			/ /	Yes	No	Yes	No	Yes	No
2.			/ /	Yes	No	Yes	No	Yes	No
3.			/ /	Yes	No	Yes	No	Yes	No
4.			/ /	Yes	No	Yes	No	Yes	No
5.			/ /	Yes	No	Yes	No	Yes	No
6.			/ /	Yes	No	Yes	No	Yes	No
7.			/ /	Yes	No	Yes	No	Yes	No
8.			/ /	Yes	No	Yes	No	Yes	No
9.			/ /	Yes	No	Yes	No	Yes	No
10.			/ /	Yes	No	Yes	No	Yes	No
11.			/ /	Yes	No	Yes	No	Yes	No
12.			/ /	Yes	No	Yes	No	Yes	No
13.			/ /	Yes	No	Yes	No	Yes	No
14.			/ /	Yes	No	Yes	No	Yes	No
15.			/ /	Yes	No	Yes	No	Yes	No
16.			/ /	Yes	No	Yes	No	Yes	No
17.			/ /	Yes	No	Yes	No	Yes	No
18.			/ /	Yes	No	Yes	No	Yes	No

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Out of School Time Program Renewal Application, Child Record Form

			3. Child's Date of Birth	4. Completed Admission Form, including child's full name; DOB; parents' name & contact information; names of authorized pick-up people (other than parents); name & phone # of emergency contact (if available); emergency medical transportation and		5. Completed Health Assessment, reviewed, initialed by parent yearly.		6. Completed Transportation Permission Form, if the program transports children.		
	1. Child's First Name	(mm/dd/yyyy)	treatment releases. Mark X for Yes or No.					Mark X for Y or N.		
19.			/ /	\	/es	No	Yes	No	Yes	No
20.			/ /	Y	/es	No	Yes	No	Yes	No
21.			/ /	\	/es	No	Yes	No	Yes	No
22.			/ /	Y	/es	No	Yes	No	Yes	No
23.			/ /	Y	/es	No	Yes	No	Yes	No
24.			/ /	\	/es	No	Yes	No	Yes	No
25.			/ /)	/es	No	Yes	No	Yes	No
26.			/ /	\	/es	No	Yes	No	Yes	No
27.			/ /	\	/es	No	Yes	No	Yes	No
28.			/ /)	/es	No	Yes	No	Yes	No
29.			/ /	Y	/es	No	Yes	No	Yes	No
30.			/ /	Y	/es	No	Yes	No	Yes	No
31.			/ /)	/es	No	Yes	No	Yes	No
32.			/ /	\	/es	No	Yes	No	Yes	No
33.			/ /	Y	/es	No	Yes	No	Yes	No
34.			/ /	\	/es	No	Yes	No	Yes	No
35.			/ /)	/es	No	Yes	No	Yes	No
36.			/ /	\	/es	No	Yes	No	Yes	No
37.			/ /	Y	/es	No	Yes	No	Yes	No
38.			/ /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/es	No	Yes	No	Yes	No
39.			/ /	Y	/es	No	Yes	No	Yes	No
40.			/ /	Y	/es	No	Yes	No	Yes	No
41.			/ /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/es	No	Yes	No	Yes	No
42.			/ /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/es	No	Yes	No	Yes	No
43.			/ /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/es	No	Yes	No	Yes	No
44.			/ /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/es	No	Yes	No	Yes	No

If a classroom has more than 42 children enrolled, copy and use the additional page below.

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Child's First Name 2. Child's Last Name			3. Child's Date of Birth (mm/dd/yyyy)	4. Completed Admission Form, including child's full name; DOB; parents' name & contact information; names of authorized pick-up people (other than parents); name & phone # of emergency contact (if available); emergency medical transportation and treatment releases. Mark X for Yes or No.		Health Assessment, reviewed, initiale by parent yearly	6. Completed Transportation Permission Form, if the program transports children. Mark X for Y or N.	
			/ /	Yes				No
			1 1	Yes	No No	Yes	lo Yes I	No
			1 1	Yes	S No	Yes	lo Yes I	No
			/ /	Yes	No No	Yes	lo Yes I	No
			1 1	Yes				No
			/ /	Ye		Yes		No
			/ /	Ye		Yes	-	No
			1 1	Yes				No
			1 1	Yes	S No	Yes	lo Yes I	No
			1 1	Yes	S No	Yes	lo Yes I	No
			/ /	Yes	No No	Yes	lo Yes I	No
			/ /	Yes	No No	Yes		No
			/ /	Yes				No
			/ /	Yes	S No	Yes	lo Yes I	No
			1 1	Yes		Yes		No
			/ /	Yes	S No	Yes	lo Yes I	No
			1 1	Yes	S No	Yes	lo Yes I	No
			/ /	Yes	No No	Yes	lo Yes I	No
			/ /	Yes	No No	Yes	lo Yes I	No
			/ /	Yes	S No	Yes	lo Yes I	No
			/ /	Ye	No No	Yes	lo Yes I	No
			/ /	Ye	No No	Yes	lo Yes I	No
			/ /	Yes	No No	Yes	lo Yes I	No
			/ /	Yes	No No	Yes	lo Yes I	No
			/ /	Ye	No No	Yes	lo Yes I	No
			/ /	Yes	No No	Yes	lo Yes I	No
			/ /	Yes	No No	Yes	lo Yes I	No

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